**Training Funding Request Form (Appendix D)**

|  |
| --- |
| PLEASE NOTE: If you ARE eligible for CPD funding (Nurses, Midwives and AHPs) complete an ‘CPD agreement form. **PURPOSE OF THIS AGREEMENT:**You should discuss with your line manager:* Clear learning objectives aligned to your role and the needs of your service
* The proposed training course confirmed as suitable to meet your learning objectives
* An agreed funding method(s) for the full amount of the course

Please ensure you complete all sections of the application electronically, with line manager signature. Completed forms shouldbe sent to: Kelly.Budgell@nhs.net  |
| **1 STAFF MEMBER REQUESTING ACCESS TO FUNDING** |
| **Surname/Family Name** HERE |
| **First Names** (in full) HERE |
| **2 EMPLOYMENT DETAILS** |
| **Current Role:** HERE | **Assignment Number:** HERE (you will find this on your ESR payslip)  |
| **Trust / Organisation:** *Salisbury NHS Foundation Trust (SFT)* |
| **Ward / Department / Unit:** HERE |
| **Work telephone number:** (in case of any queries): HERE |
| **Work email** (to which confirmation will be sent):HERE |
| **3 COURSE/ MODULE DETAILS** |
| **Unit or Course Title** HERE | **Provider:** HERE |
| **Cost/ amount requested:** HERE |
| **4 FEES – Who is paying your tuition fees for the course/unit?** |
| **(A) Departmental budget 🞎 Cost centre** HERE **Cost Code** HEREAmount from this funding source HEREBudget holder name HERE Signature HERE |
| **(B) Self-Funding 🞎** Amount from this funding source HERE |
| **(C) Other… Please state where 🞎** Amount requested in addition to funding above HERE |
| **5 SUPPORTING MANAGER – to be completed by your Line Manager** |
| **I support this application and confirm through discussion with the employee:**  * That the skills, knowledge and behaviour gained from this training course meets the needs of the service requirements and will be utilised within practice.
* That they will release the employee from their normal duties in order to complete the training course including attending training days and exams.
* Any practice-based opportunities and clinical assessment (if applicable) will be available for the duration of the learning applied for.
 |
| **Signed:** HERE | **Name** HERE |
| **Work telephone number:** HERE |
| **Work email** HERE | **Date** HERE |
| **6 PERSONAL DECLARATION** |
| **I understand that, by submitting this application form whether electronically or on paper, I confirm that:*** The information given in my application form is true, complete and accurate.

**I, the employee, agree:*** To source and apply for the appropriate training course, ensuring that I meet the entry requirements for the course
* To participate in all aspects of the training course, including study days, online learning and assignments/assessments.

Applicant’s Name Applicant’s Signature Date: **Before submitting this form, please ensure you have included;*** The signature of your supporting manager (essential for all courses)
* Funding sources for the full cost of the course in section 4 (in all cases)

If/once approved you will need to submit:* This form
* A copy of a completed application form for the course requested (provider)
* Proof of the cost of the course (e.g. email)
 |